

**Meaningful Use Workgroup
Subgroup #2 – Engaging Patients & Families
Draft Transcript
April 30, 2012**

Roll Call

MacKenzie Robertson – Office of the National Coordinator

Hello, everyone, this is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Meaningful Use Workgroup Subgroup #2, Engaging Patients and Families. This is a public call and there will be time for public comment at the end. The call is also being transcribed, so please be sure to identify yourself before speaking. I'll now quickly go through roll and then at the end just ask any staff members to also identify themselves. Christine Bechtel?

Christine Bechtel – National Partnership for Women & Families

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks. Charlene Underwood?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Charlene. Leslie Kelly Hall?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Yes, I'm here.

MacKenzie Robertson – Office of the National Coordinator

Hi, Leslie. Neil Calman? Paul Tang? And are there any staff members on the line to please identify themselves?

Josh Seidman – Office of the National Coordinator

Josh Seidman.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Josh.

Michelle Nelson – Office of the National Coordinator

Michelle Nelson.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Michelle.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Mary Jo Deering, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Mary Jo. Okay, Christine I'll turn it over to you.

Christine Bechtel – National Partnership for Women & Families

Great. Well, welcome everybody and thanks again for your time today. In terms of our agenda I have a couple of things in mind and then I'm happy to take edits or ideas. One, is I think that we should probably start by re-reviewing the timeline for this work and MacKenzie and Josh, and Mary Jo I want to make sure it's still on track or at least I'm reading from the correct e-mail and go over the calls that we have. We do have three calls scheduled. And then talk about the process that we're going to use going forward, going back to our last call I'll review the process that we have talked about using and make sure it's still the right one and then I think we can dive into the content.

We did send a number, thank you Michelle, of e-mails posting resources to the FACA website so that everybody has the materials that we described on the last call available to them today. So, I think we can use those to really kind of dive in and I'd like to do a couple of things here. One, is get your reaction to the framework that I sent around, which was, again based on our last call. And then also ask Leslie Kelly Hall to talk about the document that she provided as well.

And then I think we can dive into the three cases uses that we sent around that were actually written by Jim Hansen as part of the Bipartisan Policy Committee's HIT report. Charlene had a fabulous idea of using some use cases to make sure that we were developing these Stage 3 Patient and Family Engagement objectives in a more comprehensive way and I remembered, after our last call, that the BPC folks did a fair amount of work on three use cases that I think are helpful, so we can go through those and identify any others and then we'll talk about next steps. So, that's what I had in mind for today's agenda. Does anybody want to suggest revisions to that or additions, or changes?

All right. Let's start with the timeline. So, I'll just ask the ONC staff to make sure we're on track here. As I understand it we were really looking at May and June for this group to develop some drafts recommendations and then in June/July we would as a group discuss the draft recommendations with the full Meaningful Use Workgroup and in August we would present a draft to the Policy Committee for the first round of feedback.

September/October, we would then do some revising of the recommendations based on whatever is finalized in the Stage 2 Meaningful Use rule, and in October/November again present some preliminary recommendations to the Policy Committee for a second round of feedback before the Policy Committee will do another request for comment as a way to sort of get feedback from the public. And then in December those recommendations that the Policy Committee approved would be sent to the Standards Committee for their feedback.

And, as I understand, I think the request for comment in that process, which will be the whole Meaningful Use thinking for Stage 3 is going to go out in about January, comments coming back in February and then we'll go through a process after that which hardly seems worth describing because it's a whole year from now, but we know that this work time flies, so April/May/June/July of next year is when the work around the Stage 3 recommendations from the Policy Committee will really begin in earnest. So, first ONC staff, can you check me on that and make sure that's the right timeline?

Michelle Nelson – Office of the National Coordinator

Christine, this is Michelle, that sounds right.

Christine Bechtel – National Partnership for Women & Families

Great.

Josh Seidman – Office of the National Coordinator

Yeah and this is Josh and I think there are some overlapping pieces there and I think that the goal this time was to try to...while some of the public input, public comment is being sought to also be seeking input from the Standards Committee so that things that would require any standards and certification criteria, that the Standards Committee can have more time to work on their recommendations so that those things are aligned by the time that the recommendations are finally being put forward to HHS.

Christine Bechtel – National Partnership for Women & Families

Great, thanks Josh, and it's great to have Leslie Kelly Hall who is on the Standards Committee on this Workgroup as well.

Josh Seidman – Office of the National Coordinator

Right, you'll keep us honest, right Leslie?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Absolutely, I'll try.

Christine Bechtel – National Partnership for Women & Families

Excellent. So, we have three calls scheduled for this group, today's call, which will be an hour long, a call on May 15th which will be from 2:30 to 4:00 Eastern so we've got a little more time there and then a call two weeks after that on May 30th 2:30 to 4:00. Now, because we do have May and June, if we feel like...I mean these calls are two weeks apart, so if we feel like we need to scrap a call and give ourselves a little more time to produce something we can add another call or two in June.

So, I think what we should do is dive into the process and then as we close the meeting with next steps, let's come back and consider whether or not we've got enough time between now and May 15th in two weeks to really produce something that has some utility or if we want to just keep the May 30th call and add another one in June, and we can add two in June as well. So, does that sound good to everybody? I'm going to take that as a "yes."

Michelle Nelson – Office of the National Coordinator

Christine, this is Michelle, I'm sorry, I might suggest that we work on scheduling a few more additional meetings just so that we're ready for when Stage 2 is final and knowing how the summer goes just to kind of make sure they're on the calendar.

Christine Bechtel – National Partnership for Women & Families

Okay. I think that's great.

Michelle Nelson – Office of the National Coordinator

Thanks.

Christine Bechtel – National Partnership for Women & Families

Okay. So, let's turn our attention to the process that we agreed to on the last call, but I want to just come back to that and double check that we still think it's a good process. On the last call, we talked about needing a kind of an organizing framework for helping us think through these criteria and we acknowledged the fact that it would be important not just to think about the kinds of functional criteria that might fall into this one particular domain of patient and family engagement, but to also think about how other criteria really facilitate effective patient and family engagement even though they might be coming from other Workgroups and we can certainly, you know, provide them some recommendations or ask them to provide recommendations, etcetera.

So, to create an organizing framework one thing that I had proposed was to start with a definition of patient centered care broadly and to look then through that lens at how Health IT and how the Meaningful Use Program in particular might facilitate for Stage 3 particular aspects of patient centered care. And I provided to you guys a couple of things, one was about a page and a half excerpts where we described four domains of patient centered care from a health affairs article that we did two years ago. And those four domains were whole person care, coordination and communication, patient support and empowerment, and ready access to care.

And what we talked about last time was going back through some of our existing work, as well as doing some new work, and trying to plug-in pieces into that organizing framework. So, one of the things we also sent out was a draft framework for the subgroup to look at and I worked at creating that and it's very simple at this point, it's got three columns, it's got the domains and then I went through and pulled a

selection of functional criteria or concepts that would fit and help to begin to operationalize let's say the domain of whole person care and then also included the source if there was one, so, you know, whether it was the original Stage 1 matrix or the Stage 2 comment letter or whatever just so folks knew the origin of those thoughts.

So, I wanted to first...and I think the process if we like this framework, the process that I would propose is that we go through over the next, you know, month and a half and really build out the functional criteria that might be in each of these four domains, that we not worry about parsimony quite yet. We then take a step back from it and figure out how to pare it down. I mean, we just I think want to get everything on the table early so that we can really think about how these concepts and functional criteria can support and leverage each other and then begin to really pare it down into a parsimonious set.

And then the third piece of the process is I think we also need to talk about input opportunities. So, once we've kind of done some work what else do we need input-wise to facilitate that, whether that's a...you know, I know that other folks...I don't think we have time for a hearing, I do know there's a patient generated data hearing that is going to be scheduled in June that will help a lot for us, but, you know, whether we want to think about other ways to get any public input, whether it's through a blog or through, I know some of the other groups are doing listening session, etcetera.

So, I'm going to stop talking, but I want to start by just asking folks for their reaction to the framework. We'll dive into the content if we like the framework, we'll dive into what we've got in there in a minute. But, first of all is this the right framework, and does it sound like a good way to organize our work, and then what might some input opportunities that we feel like we need. So, let me open it up to the Workgroup members, which is to say Charlene and Leslie?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Well, this is Leslie and I like the framework a lot and I wonder if we need to add one or whether it comes under access, although standards are not the main effort, but as we do have data standardization it's a very liberalizing thing when they're harmonized with the patient systems, right? So, do we need to have something called out in this framework that gets to, you know, the idea that when you do something in an EHR there's something that might happen with the patient systems as well or do you want to see that as a byproduct later after we do these four?

Christine Bechtel – National Partnership for Women & Families

So, if I'm understanding, I think what you're saying is we've got to figure out or we make sure that any functional criteria we might require in an EHR are using the same standards as any kind of either a portal or PHR, or patient facing application, is that essentially what you're saying, Leslie?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Yeah, and even clinical quality measures, just the whole idea that as a result of doing of these policy recommendations there is a corresponding system activity that needs to happen. So, I don't know if it's calling it out or maybe after we finish our work adding something to it.

Christine Bechtel – National Partnership for Women & Families

Yeah, I think, my suggestion, but both you and Charlene are more well versed in standards than I am, would be that what we really focus on in this subgroup are the functional criteria. We're going to need the Standards Committee of course to do the work of flushing out the standards associated with the criteria that are recommended, but that we can include in our communication to the Standards Committee this principle that you're describing.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Okay.

Christine Bechtel – National Partnership for Women & Families

Okay. Charlene, sound good to you?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, I'm okay with that.

Christine Bechtel – National Partnership for Women & Families

Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, Christine, the only other space, and again I totally support that, you know, once we get the framework kind of defined getting some input on it and maybe for these other listening sections, does the scope count...like as your moving do we have to consider like, you know, the different venues at all? I was just like doing some work on this long-term care space and I wouldn't want to change your buckets, I think the buckets are fine, you know, it's just as we're looking across the different venues we don't want to lose the different requirements across those venues, that's all, it's kind of simple, but.

Christine Bechtel – National Partnership for Women & Families

So you mean like the linkages between primary and specialty care or primary care and nursing home, or home health.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah and I mean, there was just this whole thing the other day, I was doing some research on this long-term care item and again it's just the communication with the patient and the caregivers is so critical and especially as you get to, you know, end of life with the long-term care setting that seems to break down and it, you know, becomes like, you know, a revolving door between, you know, the nursing home and the hospital and all that kind of stuff. And communication is such a huge piece of that. So, I know you've got that on your bucket list. I just don't want to miss that space, that's all.

Christine Bechtel – National Partnership for Women & Families

Yes, absolutely. I just made note of it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Christine Bechtel – National Partnership for Women & Families

So, I think what we would want to do in that is to when we get into kind of coordination and communication we start to really put some details in it, is talk about some functional criteria in ways that we would facilitate those connections to other settings. I think that's exactly right.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

And, I think it's a great way to frame the fact that many of our participants in Meaningful Use are not yet or in care coordination are not participants in Meaningful Use. So, it highlights things like long-term care and specialists for whom coordination is everything. So, I think that would highlight that very well.

Christine Bechtel – National Partnership for Women & Families

Yes, okay, great. Okay, so I'm not hearing any dissension in the ranks around this as an organizing framework. Do we want to talk about whether we need to have some additional input opportunities? We've got...the inputs that we agreed to use on the last call were information...and all this has been posted in the FACA member or portal, information from the April 2010 hearing on patient and family engagement, we had the public version of the Stage 1 matrix, we had the consumer platform for Health IT from a consumer partnership for e-Health, which is the coalition that we helped to lead, we had...Charlene had a great idea to use cases and we're going to talk about that.

There was some kind of...Michelle, I don't know if you ever tracked this down or Josh if you can help us, but we did talk about there was a report that was supposed to be coming out a couple of weeks after our last call and I think it was an RTI paper on patient generated data.

Michelle Nelson – Office of the National Coordinator

So, I did reach out to RTI and I haven't heard back from them. So, I'm not sure.

Christine Bechtel – National Partnership for Women & Families

Okay.

Michelle Nelson – Office of the National Coordinator

I can follow up on that. Are you sure it was RTI?

Christine Bechtel – National Partnership for Women & Families

Well, that's what my notes say, but Josh Seidman would know, because we talked about this on the last call and I think it was Josh who told us that. Josh are you still with us?

Josh Seidman – Office of the National Coordinator

Yeah, yeah, yes, I will follow up. I just need to figure out where. I remember this and I'm trying to figure out exactly where I...

Christine Bechtel – National Partnership for Women & Families

Okay. And then we have the document that Leslie Kelly Hall sent around today as well with another one of our inputs and yes, so those were the...that's what we've pulled together so far. I think the use cases are going to be very helpful and then we did make another list of areas where we felt like we needed more information like social networks and mobile devices and applications, patient reported data like I said there is a June hearing on that which will be helpful, you know, shared decision-making was one thing we didn't quite figure out, things like that. So, would you guys like to think about other opportunities for providing input at this point?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

So you're thinking about one hearing that we would have a listening session and people would be invited to speak. Is that what you are thinking, Christine?

Christine Bechtel – National Partnership for Women & Families

Well, I'm not sure, I'm asking you guys. I mean, Michelle can tell us more, but I think some of the other subgroups, at least the public health subgroup, is doing some kind of a listening session where they're basically, they've got a standardized list of questions and they're asking thought leaders and people with experience in the field to come and talk about that. Now, I don't know that that's in person though, Michelle what's the format for that?

Michelle Nelson – Office of the National Coordinator

They are just going to be set up as conference calls and actually Charlene is doing something similar with care coordination.

Christine Bechtel – National Partnership for Women & Families

Oh, good.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, so what we're doing is, again, we're having one where...and Leslie is on it, we all kind of wanted to just get caught up and this linked to understanding the current use cases. We're listening to the folks from the Standards Committee so, you know, Leslie can kind of do that for us here. Then we had one on thought leaders. We wanted people who kind of form the boundaries and then we're actually having one with people who are doing it on the ground and Eva is actually coordinating that one, because we wanted to hear kind of just the operational view and you know, we're having some debates about the questions we're asking right now, it's pretty lively.

You know, but, and again they're an hour and half and we're inviting about 3 people at each and when we did the research actually we used your report that came out and there is just a lot of case studies and

people doing work in this area, so again I don't think we're going to necessarily, certainly have a huge...but I think we'll get some common themes from that.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

And, I think perhaps there's one area where the care coordination team we haven't done and maybe the patient engagement team could and that is really some listening sessions from patients directly.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

You know, 20 years in this business and...suggested that we have 3 people in the Standards Committee group and I was...they brought so much to the discussion about their experience in care that it was a good reminder, it was just a really good reminder. So, I don't know if that is something we could consider, just even having one listening session that gets us to specific patient cases.

Christine Bechtel – National Partnership for Women & Families

Yeah, I like that. Okay, great. Okay, great.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

We could maybe get in a frame of work and set the stage of what your issues are in care and what you do today and then imagine a fully engaged health system. What would that look like to you?

Christine Bechtel – National Partnership for Women & Families

Yeah and maybe we could use it as a way to kind of test our thinking so far, you know.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Yeah.

Christine Bechtel – National Partnership for Women & Families

As we go through filling this thing out, you know, we can be able to sort of engage in discussion around okay, so that's your experience, here's what we're thinking, what are we missing, what wouldn't work, what's not helpful, right? What do we not need to spend, you know, resources on?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Right.

Christine Bechtel – National Partnership for Women & Families

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And just to connect the dots, I think Eva is going to try and give us a patient and a care coordination space, but again ours is more at a different topical level, you know, so again I think we'll get a little bit of the engagement piece, but again more of the focus is going to be where the breakdowns are in where IT can help, you know, in the piece that we're working on.

Christine Bechtel – National Partnership for Women & Families

Great, yeah and Eva is with me by the way here, so she was telling me that as well.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so we're just all on the same page.

Christine Bechtel – National Partnership for Women & Families

Yeah, okay, great, great, great, great. All right I think that sounds like a terrific idea. So, let's get that on the pipeline for June or in the pipeline for probably mid to late June to give us some time to flush it out.

Okay, terrific. So, shall we dive into some content? I think we're all on the same page about the approach we want to take. Does that sound good?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Okay.

Christine Bechtel – National Partnership for Women & Families

Okay, I'll take that one as a yes. All right, so let's dive into the content. Leslie, you sent...I think we could use our remaining time, we've got about a half hour, our remaining time to start by talking about the...Leslie, your thinking about the document that you sent around. Why don't we start there?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Okay, the document is a document called overarching themes and this was work that was generated from the HIT Standards Committee, subcommittee on patient engagement and our goal was to look at the NPRM and reply or respond and comment back as to whether or not those things were empowering or engaging patients on how they could be improved. And, so we had to start with well what are some things that are consistent with patient engagement? How do we measure standards against patient engagement? What does it look like?

And, so we had three separate teams, subteams that came back with comments and recommendations using a somatic approach to describe how Health Information Technology could help patients and there were five overarching themes. Two that were around the patient, two around systems, and one around quality. The first two on the patients were nothing about me without me and the core principle there is I should be able to know, have access to information, know about things that are being said about me in

a record, so access to information, understandable information, things in my language, that my preferred communication method is used to contact me, the whole idea of CC: Me was under there.

And, also ideas like if I download that information I can use it in ways that I choose and the information should be readable, understandable, and should also be raw so I can use it in any applications I choose or it should be computable so that I can transfer it to others with electronic medical records and they could absorb it. So, nothing about me without me is all about communication.

The next theme is I am a contributing care team member and that really gets to the fact that a patient is a credible source of information and they can generate meaningful and material data for their own care, demographics, vital signs, family history, medication adherence, care adherence, diet and exercise, observations of daily living, surgical histories, allergies, advance directives, patient response, adherence, the list goes on, because the patient really is the source of truth for much of what's in records today.

This also talked about patient generated data and could include things like care goals that might be episodic or chronic, or quality of life and that the patient is a necessary and important safety checkpoint and can be used in all aspects of safety. Another principle under here we heard from the patient was "I am a health data exchange of one" "I'm often the person who has to make sure data goes from place to place." So, those two, nothing about me without me and I'm a contributing a care team member were the overarching themes that we looked at from the patient's voice towards standards.

Then we looked at two others from a systems point-of-view. One is that every EHR or many EHR actions have a corresponding and correlated patient safety system reaction and this was an important concept, because we felt as standards were developed in the S&I Framework for EHRs, let's get a twofer and every time a standard is developed there what does that look like in a patient facing system? If I have a CPOE standard that says we're going to do labs, radiology and imaging, how would that then be ingested into a patient facing system? Are those same standards harmonized? So, this was really about workflow and technology standardization so that everything in an EHR or many things in an EHR would have a correlating patient facing system reaction.

The second system one was that patient facing systems are not limited by legacy transactional systems and that was a really big point. We today are trying to fit a square peg in a round hole when we talk about

social media and portable devices. The lens that we have in the industry is all about the EHR and all about what are we going to do with these transactions, how are we going to manage it, when in fact the patient facing systems is pretty much a green field. So what should it be? How can systems be designed to drive innovation and engagement rather than really making that system retrofitted into PHRs, that was an important concept.

And then lastly, the last overarching theme was around CQMs and basically asking the question how does my care compare so that if my institution or physician is involved in clinical quality measures, first of all do I know about it, and secondly what's the patient specific report card that say how am I doing, how is my care compared to the care that you're providing overall, and to the industry standard or what's considered nationally high-quality. So really making those things personalized so that the patient is always considered, in quality measures, as a participant.

One of the things that this group looked at was how many of the quality measures included the word "education, counseling and adherence" and those are all patient actions. So, where are they in patient engagement with regard to quality measures? Right now it's an institution, institutionally focused. So, for instance I don't drive better because Ford has a better assembly line, I drive better now and safer because I have an alert that tells me to put on my seatbelt and an engine light that tells me to go to the dealer and get something fixed. So, how do we make that same kind of thing where a measurement or quality influences the patient?

So those five overarching themes, nothing about me without me, I'm a contributing care team member, any EHR actions have a corresponding patient facing reaction, patient facing systems are not limited by legacy transaction system and how does my care compare ended up covering about 37 different objectives or voice items that the group had and everything we did fit into one of those. And then we used that...

Christine Bechtel – National Partnership for Women & Families

Wait, Leslie, what was the first one?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Nothing about me without me. I'm a contributing care team member. Many EHR actions have a corresponding patient facing system reaction. Patient facing systems are not limited by legacy transaction systems and how does my care compare.

Underneath those things we had about 37 and this was three weeks of work and there was a lot of stuff done underneath these teams. In addition to this overarching theme document, we did a comment document that was not our final comments but was really a thought piece about what the future could hold for standards and then Jim Hansen presented a very specific document that we also included in the record that showed some very specific ideas about patient engagement and standard principles.

So, we got a lot of work done and I think the team was very eager; this was very well received in the Standards Committee. Our comments of course had to be a logical outgrowth. So the comments that we had in this final committee recommendation were only about eight comments, but the presentation that we did really got an opportunity to start to set the stage for future needs for standards with patient engagement.

Christine Bechtel – National Partnership for Women & Families

Okay, I gotcha, so what you have is...you're saying those all fit under the overarching theme, the five overarching themes.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Yes.

Christine Bechtel – National Partnership for Women & Families

I gotcha and I bet there was a lot of helpful stuff in here. So, how are you guys using this now in the Standards Committee?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Well, we used this to inform the immediate response and then also we've said how can we use this work with this team, this patient engagement team, is there an opportunity to maybe combine this work effort or to make sure that we have them at least going on, going forward in harmony and I think that there was some advice coming from ONC about just how we wanted to handle long-term, because this particular committee was a bullet item only, it was get something down on patient engagement and have the standards reviewed under that lens.

Christine Bechtel – National Partnership for Women & Families

And that would be for Stage 2, Stage 3, was it stage specific?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Well, our initial comments had to be for Stage 2. However, we didn't take that approach. We said what is the end game that we're trying to get to and so the documents themselves actually comment much more.

Christine Bechtel – National Partnership for Women & Families

Yes.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

But, we couldn't...which there are some in there on Stage 2, there are some on there on Stage 3, there are some just overarching ideas, so it was much broader than that. Our specific comments had to be the logical outgrowth however.

Christine Bechtel – National Partnership for Women & Families

Okay. This is Christine again, you know, from my view and I definitely want to hear Charlene's reaction as well, I thought there was a lot in here that made me think "oh, yes" we need to make sure we capture that, some of it I think is captured in either Stage 1 or Stage 2, but there is a fair amount that's absolutely not. Some of it is obviously specific to standards work around, you know, sort of transactional approaches should be the minimum standard and things like that, that I think are less applicable when you're trying to develop functional criteria, but I'd be happy to be wrong on that, but there are a couple of things in here for sure that reminded me, you know, like patient quality alerts, you know, so device or drug recalls, and the ability to do that and, you know, I'm not...it may be that the systems are setup in Stage 1 and 2 to do that, but, you know, if we want to take that all the way through and make sure there is a feedback looped to the patient, I don't know if we need some new criteria there or not.

The other thing that I know is not reflected in most of what I think the Policy Committee has done today is being, you know, what opportunities are out there for me in research. I assume you mean clinical trials and things?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Right.

Christine Bechtel – National Partnership for Women & Families

Yeah, so that's one I think we would need to add. So, Charlene, did you want to add anything on this?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, thank you, Christine. I think, again where we struggle a little bit and I think you've kind of hit the nail on the head was relative to what today is, you know, in the purview of an EHR and just kind of make sense and then what, if you will, starts to become a public service. We're starting to see the emergence of some of these more robust HIEs and some of those are starting to own that patient engagement piece, which makes sense because the information is centralized. And you can see as that data...again, I totally support the alignment of...

Christine Bechtel – National Partnership for Women & Families

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

The twofers, you know, I think getting the data standardized because that is going to open the door. But, as those start to emerge I think you're going to have a lot of intelligence that, you know, the EHRs will feed these HIEs and there will be tools then and care plans that are made available to the patient. So, you're starting to get outside of the boundaries of the typical EHRs.

Now, on the other side, and I know Christine you've been worrying about this too, as we look at the Affordable Care stuff, we see things kind of becoming back within network again, right?

Christine Bechtel – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So if you go to the same network of providers then it will be more patient centric, but I think throughout this we've just to keep...across all of our Workgroups this patient centric theme, you know, kind of...rather than the third thing we look at is the top of mine thing, because that's going to get us to more patient engagement, more care coordination, more public health, right? All of these are public goods. So, that's the kind of thing that I just get, you know, we get a little bit stuck on relative to what's in the boundary and I think we need to be clear on that.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

You know, I think that's a really good point, Charlene, and one of the things that that overarching theme it says patient facing systems aren't limited by legacy transactional systems.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, yeah, you've got it, but it's like, but the boundaries of what's an EHR today, you know, we're still under that framework a little bit and we need to get those EHRs implemented even as they are today, right? You know, it's like...

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

But, would it be worthwhile to maybe do a listening session and I don't know if we have time or when to say, if we introduce disruptive technology and standards, how would that inform our work, because I think, yes, we are obligated under Meaningful Use to have EHR technology, however, that's a very, very broad term underneath the definition, it's not just the EMR in the hospital or just the EMR at the doctors. It also allows us to encompass telemedicine and it's a very overarching theme that I think we forget. And, so is there an opportunity for us to say, boy are there some thought leaders that can come in and talk about patient facing systems that can be interoperable but not centric to the EMR? Is that something we take on standards? Talk to me about that? I'm concerned that we lose the opportunity to see how technology can advance policy and we think only of policy advancing standards. How can the reverse happen?

Christine Bechtel – National Partnership for Women & Families

Right, and I think you're asking an absolutely important question and I have a couple of reactions. One is I do think the notion of what an EMR or an EHR is, is shifting, you know, we hear people talk all the time about the old construct of EHR is for doctor, PHR is for patient, it's slowly being torn down or maybe not so slowly and I think that's a good thing. But, we on the hand have a limitation in the law, which is that, and Josh or Mary Jo or somebody can correct me, but it was either in the law and/or CMS or both and CMS and ONC or both that do actually define what an electronic health record is as part of the Meaningful Use Program.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

And I think its EHR more broadly, because telemedicine is under there.

Christine Bechtel – National Partnership for Women & Families

Yes, right.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Yeah.

Christine Bechtel – National Partnership for Women & Families

Right, so it might be worth us taking a look at that definition before we do anything, but I think for the purpose of this subgroup, two things, one is I think the hearing listening session notion is a good one, but I think it's broader than just this subgroup. I'd like to see us suggest that that perhaps is part of what we ask for in the June hearing on patient reported data. I think it's going to call up that question fairly significantly and Josh, I don't know if it's possible to ask the presenters, Josh or Michelle, to ask these presenters to kind of think through that theme and that lens of the changing notion of EHRs in the context of patient interfaces, patient contributed data, things like that.

Josh Seidman – Office of the National Coordinator

I think, absolutely whatever you want to ask them you should ask them.

Christine Bechtel – National Partnership for Women & Families

Right, but Josh, I mean there is usually a set of questions that goes out to the presenters ahead of time, do you think you could add that as something for...

Josh Seidman – Office of the National Coordinator

Well, that's what I'm saying.

Christine Bechtel – National Partnership for Women & Families

Okay.

Josh Seidman – Office of the National Coordinator

I think, I mean we're happy to support you, but those are...you need to help shape those questions.

Christine Bechtel – National Partnership for Women & Families

Okay.

Josh Seidman – Office of the National Coordinator

So, if that's a question you want to ask, let's put that on the list, and when we send out the invitations we'll certainly include it.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

And I think maybe you send out the definition in the law what an EHR is.

Christine Bechtel – National Partnership for Women & Families

Yeah, that would be helpful. Michelle, maybe you could track that down. I can't recall if it's in HITECH or not but I do know that CMS and ONC had to do some defining for Stage 1, so I do think that would be helpful to send around.

Michelle Nelson – Office of the National Coordinator

Okay.

Christine Bechtel – National Partnership for Women & Families

But, you know, I think though that part of what Charlene's raising is still right, which is, you know, there's only so much that is going to be viable for the EHR incentive program, you know, so even as I think about enrollment in clinical trials, it may not be, I don't know maybe it is, but it may not be the job of the EHR to connect people to clinical trials. But, you know, what we do need to make sure is that the EHR has a kind of data that make it possible later for them to play a role if that's how the market evolves, right? Anyway, so just the point being...

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Yeah, I think if you say that one of the directives in the interoperability is interoperability in the health ecosystems then absolutely the data standards to move in the future for research is a requirement of EHRs, it's not that the EHR does research or maybe even if the EHR does the enrollment, but what's enrolled, the data can be moved.

Christine Bechtel – National Partnership for Women & Families

Yeah, exactly. Exactly. Okay, so.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Christine, the other...where I'm hearing this, and I guess maybe we can just ask ONC, some of this experience is coming out of the work in the Beacon Program, you know, so just...they are kind of a good source if you will of real-life experience in some of this space, because in some of those programs I think it's moving more quickly than the market in general, that is what is seeming...you know, at least as I look across our customer base and I'm talking with them, so we just need to ask ONC just to...you know, if they see experiences of that, you know, they would want to highlight to us. I think that would be very positive.

Christine Bechtel – National Partnership for Women & Families

Yeah, that's a great point. Michelle or Josh, do you guys have anything that we could look at from the Beacon Program?

Josh Seidman – Office of the National Coordinator

Yeah, so we can definitely talk with our colleagues there and I know that...I mean I've been on a couple of webinars over the last few months with some of the Beacon communities and there are certainly some Beacons that are leaders in this area and we can certainly engage them.

Christine Bechtel – National Partnership for Women & Families

Okay, cool. So, Leslie, maybe since you're most familiar with this document, sometime between now and our next call, do you want to try and compare your document, the overarching themes document, and place into the draft framework some of the functional criteria that might be needed to support achieving these themes.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Absolutely.

Christine Bechtel – National Partnership for Women & Families

Okay. I think that would be really helpful.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Okay I'll take the framework and document, the themes document and see what I can do.

Christine Bechtel – National Partnership for Women & Families

Okay great. Okay, so I think we should use...we actually have not nearly as much time left, but I think we should try to look at one of the use cases if that sounds good to you guys, that I sent from the BPC Report and I can walk us through what they are. Does that sound good?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Great.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Christine Bechtel – National Partnership for Women & Families

So, I'm going to walk us through the short one, one of the shorter ones and that will just give us a sense of whether or not this is the right approach to take. There are three total in the BPC report there is one on page 20, one on page on 25, and there's one on page 34. The second one, which is the one on page 25, is about a woman who is a family caregiver herself but she has been diagnosed with diabetes and so, you know, she is 53, she is recently diagnosed with diabetes, she needs to address her weight and her overall health, so she and her primary care physician create a care plan that includes exercise and nutrition components to support weight loss and other health improvement goals.

And every week she assesses her progress against her care plan or her well-being plan and she uses a tracker and an assessment application on her personal health management system that compares her weekly efforts and activities to her plan and that analysis includes quantifiable data that is automatically fed into the application, so biometrics, you know, HbA1c levels, blood pressure, weight, etc. and then exercise and other activities are tracked by her digitally connected a range of devices, glucometer and things like that, and smart phone based food journal, which I think is great.

So, that's kind of the use case and I think there were a couple of things that I picked up on that are needed in Stage 3 some of which would be, in the purview of this group and some may or not be, but clearly the thing centers on a care plan and it's a kind of care plan that is robust enough to include patient driven goals and to be, you know, able to be compared...you know have a progress check against it. The other things that I picked up from the use case were mobile app interface with that care plan but also with, you know, other devices are also feeding into the care plan or the EHR and again that comparison function is happening, which I thought was good. So, and then the connection to remote monitoring or...remote monitoring seems like a limited term these days, but external devices we'll just say.

So, what do you guys think of that? The idea being we would begin to use those theories of use cases to kind of buildup out that framework and take those things like a more robust care plan blah, blah, blah and put them in the there and I had some questions about, you know, what I just sort of described, but does that make sense to you guys and if so, what are your reactions to the use case and what do we need to kind of list out of there in terms of functional capability?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

This is Leslie, it seems pretty ambulatory focused.

Christine Bechtel – National Partnership for Women & Families

Yes.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Specialists and primary care.

Christine Bechtel – National Partnership for Women & Families

Yeah, there are multiple, Leslie, I'm sorry there are three in here and then we can keep pulling in more so we cover all spaces.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Okay, just, because diabetes...the case that you just described also has laboratory in there, correct, A1c testing and monitoring?

Christine Bechtel – National Partnership for Women & Families

Yes.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Okay.

Christine Bechtel – National Partnership for Women & Families

Yeah, the other two are, one is an out-of-town medical emergency, so it's a hospital setting. The other one is care giving from afar and so how you're managing care for an elderly parent remotely where there have been hospitalizations involved and things like that. We can add more use cases and we'll get to that next, but in terms of what you heard in this use case, I heard care plan which has got to be more robust than Stage 2 or proposed Stage 2. And, I also heard this sort of comparison function where you're looking at patient reported data and data from labs and data from other sources and you're essentially saying okay this is what the data says, this is what the care plan goals are, and how is that progress looking. And, I don't know that this comparison feature is something that today's EHRs have.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Right. We'll have reminders, but it won't have anything that says the equivalent of a clinical decision support for patients that says I'm on this trajectory for this particular episode of care or my chronic care self management and how am I doing against that plan or trajectory?

Christine Bechtel – National Partnership for Women & Families

What about for the providers?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, Christine, on that one, most...like there are care plans out there but they're provider facing now, right?

Christine Bechtel – National Partnership for Women & Families

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, they've got these elements in them, but they're not patient facing and I think that's the huge...there's I think emerging products out there right now but I'm not sure they are interconnected, because you want kind of this patient facing one that you own and you can go check resources and track your own and so it's just such a huge paradigm change, you know, not that it's wrong, it's just, you know, not...we're kind of right now trying to get that interoperable, interactive care plan that spans across providers to some definitional stage and then this one really turns to patient facing. So, maybe that can fit, if we're using the same data elements the standards will be able to do that.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Well, it should be a collaborative record and not just one or the other.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

I think that's the key. Maybe if we can take that use case and add in it a...you've got the primary care, a specialists and one acute visit for perhaps something out of whack, then we will have accommodated interoperability with a heavy emphasis on self-care, you know, it's really a very patient centered use case that you described.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

You know, it's interesting, Christine, because, you know, that whole discussion we've had around trying to get some of the objectives to be, again showing the patient here's how you sign on, but it's that whole thing. You just are trying to expand that concept a little bit.

Christine Bechtel – National Partnership for Women & Families

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Where you establish that interactive care plan whether it's with the primary care doctor or the care manager, but that framework, you know, would follow too, because I think right now and personally, you know, if I want to put together my own activity plan it's all on my own, it's not linked into that, as Leslie said a collaborative process at all, that's the huge change here.

Christine Bechtel – National Partnership for Women & Families

Yeah, I mean, so how much of it is kind of a cultural shift?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Christine Bechtel – National Partnership for Women & Families

Versus a technical shift where we do not currently have the capacity in EHRs where a Meaningful Use criterion could really make a big impact. So, I mean, there are care plans, they're not standardized, they're not defined. Meaningful Use is going to have I think, what three required elements pretty much?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Christine Bechtel – National Partnership for Women & Families

Which is goals and the list of team members, and something else. Well, there are several things...more data.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I think the reason or something, but that's kind of a transition of care.

Christine Bechtel – National Partnership for Women & Families

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

We span space, as you know, so.

Christine Bechtel – National Partnership for Women & Families

Yeah. So, if the question is really making that a view of that available to patients, is that a cultural requirement here that we have sort need to change culture around it or is it more of we don't do that because we don't have the technical capacity built into EHRs for it to feed that into a portal or to, you know, I mean how do you deal with EHRs in that world?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

So, this is just work to be done as far as the technical...as far as I'm concerned, I mean the transition of care team has been working over a year and a half defining a collaborative care kind of record potential. I think the cultural shift is not just that the patient has the ability to view or download, or transmit, but the patient is an equal participant in that care plan, because the patient will have updates, you know, what's my blood sugar today what isn't it? And so that information then has to go back in a way that is meaningful, now it could go back as an observation or a result generated by the patient and that would meet the existing EHRs capability as far as a result or observations interface.

So, I think the technical stuff will come and it's already significantly in progress. The question is what from a policy point-of-view do we want to make sure happens in this care plan, because a care plan by nature today is a document that is provider centric and it's about the patient not with the patient in moving to a collaborative model. I mean each participant has the ability to provide meaningful information.

Christine Bechtel – National Partnership for Women & Families

Yeah, okay, all right, so we only have two minutes left. My next suggestion for next steps would be that we all read the three use cases from BPC that we sent out and Charlene or Leslie, if you guys have additional ones, I don't know about the ones that the folks used for the S&I Framework or whatever, that would be helpful here, you know, let's use that, but let's all take a look at those and I think, you know, try to build in some of the requirements like what we've just described around a collaborative care plan that has a patient view and is shared across team members, let's try to build that into the draft contextual framework from, you know, the BPC stuff and then we can take a look at a revised framework on our next call and I think folks can feel free also to edit the document that we sent around and add additional components in so that we have a starting point, as long as you give us the source so we understand sort of where it came from, does that make sense?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Yes, that sounds good. I think there is another use case forming out of the health stories nonprofit that use the transitions of care and framework to come up with some use cases, so I'll ask them as well.

Christine Bechtel – National Partnership for Women & Families

Okay, great.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And Christine, I'll do the look at the long-term care, because I think we want to add that in, but I think the use case approach is very powerful.

Christine Bechtel – National Partnership for Women & Families

I agree. I agree. So, on our next call we review the other two BPC, but we need to finish reviewing this one, review the other two and any others, you know, that we can and then begin to revise the framework. In the meantime, Leslie is going to revise the framework with her suggestions based on the overarching themes document from the Standards Committee that she sent around and then we'll share some kind of a consolidated revised version with everyone in advance of the next call.

Do folks feel like they've got enough time in the next few weeks to do some of that work or do we want to try to just keep the call in two weeks and, you know, go through what we can in terms of use cases without doing a terrible amount of off-line work? What's your preference in terms of the next call?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

I can get that work done if it's two weeks from now.

Christine Bechtel – National Partnership for Women & Families

Okay. And can you guys both make the 15th?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Yes.

Christine Bechtel – National Partnership for Women & Families

Okay, great and hopefully the rest of our members will as well. Okay, great, so let all do some revising of this draft framework over the next two weeks and send it to, Michele we would send it to you, right?

Michelle Nelson – Office of the National Coordinator

Sure, Yes.

Christine Bechtel – National Partnership for Women & Families

Okay. So, make sure you put your name on it so we sort of know and then maybe Michelle what you could do is add a little, you know, system so we can tell who has added what piece and then we can have one master version that we can all go through together on the next call. And then Charlene, send us any additional use cases.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I will.

Christine Bechtel – National Partnership for Women & Families

Or Leslie that we can work with also on the next call.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

It sounds great.

Public Comment

Christine Bechtel – National Partnership for Women & Families

Anything else guys? I know we need to do public comment. Okay, well thank you both very much and should we go ahead and open the lines for public comment?

MacKenzie Robertson – Office of the National Coordinator

Sure, operator can you please open the lines?

Caitlin Collins – Altarum Institute

Yes. If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do have a comment from Michael.

Michael Arrigo – No World Borders

Thank you this is Michael Arrigo with No World Borders. I appreciate the conference. There was a great comment during the session about patient centric engagement, what is and what is not part of an EMR or HIE and perhaps experts presenting on patient engagement, our company works in social media and patient engagement we'd be glad to contribute in some way.

Christine Bechtel – National Partnership for Women & Families

Great and so let's make sure we have got your name, that's terrific, thank you.

Caitlin Collins – Altarum Institute

We have no more comment at this time.

Christine Bechtel – National Partnership for Women & Families

All right, terrific, well thanks everybody, appreciate it and we will talk to you in two weeks and that's at 2:30 on May 15th and then again our call after that will be 2:30 on May 30th, both are Eastern time. MacKenzie or Michelle, did we miss anything?

MacKenzie Robertson – Office of the National Coordinator

No.

Michelle Nelson – Office of the National Coordinator

No.

Christine Bechtel – National Partnership for Women & Families

Okay, great, thank you both so much and thanks everybody on the call.

MacKenzie Robertson – Office of the National Coordinator

Thanks everyone.

Michelle Nelson – Office of the National Coordinator

Thank you.